PART B - FEE(S) TRANSMITTAL

Complete production of the complete production o	or <u>Fa</u>	<u>x</u>	Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000						
INSTRUCTIONS: This for appropriate. All further confindicated topless corrected by	in should be used for tran expondence including the clow or directed otherwise	smitting the ISSUI Patent, advance ord in Block 1, by (a)	E FEE and PU lers and notific specifying a n	BLIC ation ew c	CATION FEE (if requi of maintenance fees w orrespondence address;	red). Blocks l ill be mailed t and/or (b) ind	through 5 s o the current icating a sepa	hould be completed where correspondence address as arate "FEE ADDRESS" for	
indicate (topless corrected below or directed otherwise in Block 1, by (a) specifying a new of maintenance (conscience). CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 34044 7590 09/24/2004					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
MICHAEL BEST & FRIEDRICH LLP 100 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202 12/14/2004 RMEBRAHI 00000023 10610479					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.				
01 FC:1501 02 FC:1504		Kate Sturgevant Late Midwant December 9, 2004			204 204	(Depositor's name) (Signature) (Date)			
APPLICATION NO.	FILING DATE	F	TIRST NAMED II	NVEN		ATTORNEY D	OCKET NO.	CONFIRMATION NO.	
10/610,479	06/30/2003	Ken Franc			-	081276-9		9343	
TITLE OF INVENTION: CO	ONTACT PIN FOR EXHAU	JST GAS SENSOR			**				
APPLN. TYPE	SMALL ENTITY	ISSUE FE	E	PU	JBLICATION FEE	TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	NO	-\$1330 -\$1,400			\$300	\$1630		12/27/2004	
EXAMINER			ART UNIT C		LASS-SUBCLASS				
LARKIN, DA	6 073-031050								
"Fee Address" indicati PTO/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND	ence address (or Change of 2) attached. Ion (or "Fee Address" Indicar more recent) attached. Use RESIDENCE DATA TO B an assignee is identified be 37 CFR 3.11. Completion of	Correspondence ation form e of a Customer E PRINTED ON To elow, no assignee do of this form is NOT	(1) the name or agents OR (2) the name registered att 2 registered plisted, no nar HE PATENT (plata will appear a substitute for	s of to, alter of a sooney patent or me will or on to filing (CIT	single firm (having as a or agent) and the name attorneys or agents. If all be printed. or type) the patent. If an assign g an assignment. Y and STATE OR COU	member a es of up to no name is	1_ <u>I.I.P</u> 23	locument has been filed for	
Please check the appropriate					Individual 🖫 Co	orporation or ot	her private gr	oup entity Government	
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s)									
☑ Issue Fee ☑ Publication Fee (No sr ☐ Advance Order - # of	ed)	A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-3080 (enclose an extra copy of this form).							
5. Change in Entity Status (from status indicated above MALL ENTITY status. See	:)			longer claiming SMAI	L ENTITY sta	itus. See 37 C	FR 1.27(g)(2).	
The Director of the USPTO i NOTE: The Issue Fee and Pu interest as shown by the reco									
Authorized Signature	Date 12/9/04								
Typed or printed name		aise/				No. 46,			
This collection of information an application. Confidentialit submitting the completed appthis form and/or suggestions Box 1450, Alexandria, Virginal Alexandria, Virginal Revandria, Virginal Reduct	1430.								